
Medicare Intermediary Manual Part 3 - Claims Process

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NEW/REVISED MATERIAL-- *EFFECTIVE DATE: July 1, 2001*
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Section 3617, Cryosurgery of the Prostate Gland, manualizes instructions previously released in Program Memorandum A-99-15, Change Request 854, dated April 1999. It also incorporates the CPT code 55873. The code includes the cryosurgical ablation of the prostate (includes the ultrasonic guidance for interstitial cryosurgical probe placement, and cryosurgery of the prostate gland performed as salvage therapy under certain conditions (for claims with dates of service on or after July 1, 2001).) There are no system changes at this time. All standard systems changes are to be implemented January 1, 2002.

NOTE: In situations where one provider has provided the cryosurgical ablation and another has provided the ultrasonic guidance for the same beneficiary for the same date of service, the provider of the cryosurgical ablation must submit the claim, and the provider of the ultrasonic guidance seek compensation from the provider of the cryosurgical ablation.

These instructions should be implemented within your current operating budget.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

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3617. CRYOSURGERY OF THE PROSTATE GLAND

A. Coverage Requirements.--Medicare will cover cryosurgery of the prostate gland effective for claims with dates of service on or after July 1, 1999. The coverage is for:

1. Primary treatment of patients with clinically localized prostate cancer, Stages T1-T3 (diagnosis code is 185 - malignant neoplasm of prostate). Cryosurgery of the prostate gland, also known as cryosurgical ablation of the prostate (CAP), destroys prostate tissue by applying extremely cold temperatures in order to reduce the size of the prostate gland (procedure code 60.62 - perineal prostatectomy (the definition includes cryoablation of prostate, cryostatectomy of prostate, and radical cryosurgical ablation of prostate).

Claims for cryosurgery of the prostate gland should meet the requirements that the cryosurgery be performed only as a primary treatment for patients with clinically localized prostate cancer, stages T1-T3.

2. Salvage therapy (effective for claims with dates of service on or after July 1, 2001 for patients:

- a. Having recurrent, localized prostate cancer;
- b. Failing a trial of radiation therapy as their primary treatment; and
- c. Meeting one of these conditions: State T2B or below; Gleason score less than 9; PSA less than 8 ng/ml.

For more information regarding coverage, refer to §35-96 of the Medicare Coverage Issues Manual.

B. Billing Requirements.--Claims for cryosurgery for the prostate gland are to be submitted on the Form HCFA-1450 or electronic equivalent. Follow the instructions in §3604 of the Medicare Intermediary Manual, Part 3. This procedure can be rendered in an inpatient or outpatient hospital setting (bill types 12x, 13x, 83x, and 85x.)

The following CPT code and revenue code should be used to indicate that the procedure was rendered:

o 55873 - revenue code 34x, Cryosurgical ablation of localized prostate cancer, stages T1-T3 (includes ultrasonic guidance for interstitial cryosurgical probe placement, postoperative irrigations and aspiration of sloughing tissue included).

Diagnosis Code 185 and procedure code 60.62 must also be on the claim.

C. Payment Requirements.--Pay for this service as a primary treatment for patients with clinically localized prostate cancer, Stages T1-T3. The ultrasonic guidance associated with this procedure will not be paid for separately. When one provider has furnished the cryosurgical ablation and another the ultrasonic guidance, the provider of the ultrasonic guidance must seek compensation from the provider of the cryosurgical ablation.

Effective July 1, 2001, cryosurgery performed as salvage therapy will be paid only according to the coverage requirements described in paragraph A.

Pay for these services on a reasonable cost basis. Deductible and coinsurance applies.